Tips on How to Use the ASIFlex Card



Know your balance!	The card system will recognize only the available balance. If you have \$20 left in your account, and swipe the card for a \$25 transaction, it will be declined. Just swipe for \$20 and pay \$5 with another form of payment.
Keep your itemized receipts!	Why? Because all transactions must be substantiated. Some are substantiated electronically; but many require you to provide supporting documentation. Why? Two reasons - 1) The IRS requires it. 2) The card company reports only the transaction date, merchant name, and dollar amount. The IRS also requires that you provide a description of the service and actual date of the service, regardless of the card transaction date.
What is an itemized receipt?	 The itemized receipt is not the credit card receipt; rather, it is any of the following: The merchant receipt showing the merchant name, dollar amount, and product/service description The provider's itemized statement showing the provider name/address, patient name, date service was provided, description of service and dollar amount For prescriptions, the pharmacy receipt or a printed list of prescriptions from the pharmacy For expenses covered under insurance, the insurance payer's explanation of benefits (EOB) statement.
What if my provider did not give me the right information?	Just ask! It's your responsibility. Providers may not automatically provide an itemized statement, so just ask for an itemized statement for purposes of your benefit plan claim. Most health care providers understand this requirement.
What if I lose my itemized statements?	Most health care providers will gladly produce another statement for you. Pharmacies will do the same, or you may be able to obtain information from the pharmacy website. Insurance carriers typically post your EOB's to your online account through the carrier website. If you lose a merchant receipt, however, you may be out of luck. So, hang on to the merchant receipts as the merchant may not be able to reproduce this for you.
If I have insurance, should I present my card for payment at the time of a health care service or procedure?	Yes - If you have a co-pay, present your card for payment of the co-pay amount only and ask for an itemized receipt. No - If you have insurance and no co-pay, request the provider submit the expense to the insurance payer first and wait to receive your EOB. After you receive the EOB, you can pay the provider using your debit card. This will help you avoid overpayments to the provider, as well as avoid subsequent and confusing adjustments to your account. Yes - If you do not have insurance.
How do I know which retailers accept the card?	You may view general card information, as well as a list of merchants at: www.asiflex.com/debitcards. Under "Quick Links" click on "List of IIAS Approved Merchants."

Tips on How to Use the ASIFlex Card



What are some reasons the card may be declined?	 Insufficient balance - swiping the card for more than what is available in the account. Ineligible expense - swiping the card at a retail store for ineligible items. Non-Participating Merchant - swiping the card at a merchant who is not participating in the card program. Merchant terminal - the merchant may have the terminal coded as non-healthcare. (For example, some teaching hospitals code terminals as "educational institution" rather than "health care." Card inactivated - if you have not provided supporting documentation for prior card transactions, your card may be temporarily inactivated.
How do I know if I should provide supporting documentation for a card transaction?	ASIFlex will send notice to you requesting the documentation. If you forget to provide the information when requested, a second reminder will be sent. If you still forget, a third and final notice is sent and IRS regulations require that your card be temporarily inactivated. As soon as you provide the supporting documentation, your card can be reactivated. If you do not provide documentation, ASIFlex will deduct the outstanding amount from any future claim submission, or you may write a check back to the plan to satisfy the outstanding amount.
Why is supporting documentation required?	The FSA program is regulated by the IRS and all expenses must be substantiated with third-party documentation. The IRS is very specific as to what must be provided and this includes: 1. Provider Name/Address - to assure it is a healthcare provider. 2. Patient Name - to assure it is for you or your dependent. 3. Date of Service - to assure the service/product was provided during your period of coverage. 4. Description of Service - to assure the expense is for qualifying health care. 5. Dollar Amount - to assure the amount requested is the actual amount owed to the provider.
But why is documentation needed for a dental or vision office, or a physician or hospital? Isn't it evident that it is for qualified health care?	First, the card company provides only limited information and does not provide a description of the service/product. Second, not all services are qualified health care expenses. For example, cosmetic treatments such as facelifts, teeth whitening or facial peels are not eligible. Many vision care offices sell non-prescription sunglasses which are not eligible; or warranty contracts which are not eligible. The IRS requires supporting documentation that clearly describes the type of service being provided.